



1600 9th Street, Sacramento, CA 95814
(916) 654-2378

May 14, 2003

To: PROSPECTIVE BIDDERS

You are invited to submit a bid to the California Department of Mental Health for project number 03-73009-000, titled:

DEPARTMENT OF MENTAL HEALTH
PREADMISSION SCREENING AND RESIDENT REVIEW/MENTAL ILLNESS
(PASRR/MI) LEVEL II EVALUATION PROCESS
FOR FISCAL YEAR 2003-04

Note that all agreements entered into with the State of California will include by reference General Terms and Conditions and Contractor Certification Clauses that may be viewed and downloaded at Internet site: <http://www.documents.dgs.ca.gov/ols/gtc%20103.doc>. If you do not have Internet access, a hard copy can be provided by contacting the persons listed below.

This Invitation For Bid (IFB) is being issued in accordance with the provisions of Public Contract Code, Section 10335, et seq.

If you are interested in submitting a bid, you will be expected to comply with the following requirements. **An original and six copies of the following documents must be submitted:**

1. Required Attachment Check List (Attachment No. I.1)
2. Bidder letters of reference, with the name, address and telephone number, of at least three (3) clients of large organizations for whom the bidder has performed technical and management assignments of a similar complexity to those required by this IFB. Letters of reference should describe the type and scope of work performed. It is preferable that at least one reference be a government or State contract.
3. Current resume for the proposed Contract Manager, who meets qualifications listed in the IFB under Section III, D.2. Administrative Personnel, and two (2) letters of reference (including contact telephone numbers) describing capably performed administrative functions similar in range and complexity to those required in this IFB.
4. Current resume for the proposed Medical Director, who meets qualifications listed in the IFB under Section III, D.2. Administrative Personnel, and two (2) letters of reference (including contact telephone numbers) describing performance of clinical and administrative functions similar in range and complexity to those required in this IFB.

5. Current resume for the proposed Quality Assurance (QA) Director, who meets qualifications listed in Section III, D.2. Administrative Personnel, and two (2) letters of reference (including contact telephone numbers) describing performance of clinical and administrative functions similar in range and complexity to those required in this IFB.
6. Letters of commitment (including geographic service area(s) and counties to be covered), current license (verified), and resumes for a minimum of ten (10) proposed evaluators for the Project. Evaluators for each of the four regions shall be included, and at least two of the three eligible disciplines described in Section III, D.1.b. shall be represented. No more than five proposed evaluators shall be from one discipline. Neither the Medical nor the QA Director shall be included as evaluators.
7. Attach the Small Business Preference Form (Attachment No. I.2) to the IFB package.
8. Complete, sign and date the attached Bid Form, Budget Format, Personnel and Operational Costs Budget and Bid/Bidder Certification Sheet (Attachment No. IV.7. a-d).

The above specified items, Numbers 1 - 8, constitute your bid and must be submitted in a sealed envelope. The sealed envelope must be plainly marked with your organization's name and address, the above project number and title (Preadmission Screening and Resident Review/Mental Illness (PASRR/MI) Level II Evaluation Process), and must be received by 3:00 PM on June 4, 2003. Mail or deliver to:

**Department of Mental Health
Contracts Office
1600 9th Street, Room 150
Sacramento, CA 95814**

If you have any questions concerning the program requirements, contact Mary Ellen Sabin, PASRR Section at (916) 657-4902 or Bee Tham, PASRR Section at (916) 654-3595. If you have questions concerning the contract process, please contact Tami Harris, Contract Analyst at (916) 651-8986.

Sincerely,

William A. Avritt
Acting Deputy Director
Administrative Services

Enclosures

Contract Number
03-73009-000

INVITATION FOR BID (IFB)

PREADMISSION SCREENING AND RESIDENT REVIEW/MENTAL ILLNESS (PASRR/MI) LEVEL II EVALUATION PROCESS

FISCAL YEAR 2003-04



**STATE OF CALIFORNIA
DEPARTMENT OF MENTAL HEALTH
PROGRAM COMPLIANCE
May 14, 2003**

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(for information only)

SECTION I
ADMINISTRATIVE REQUIREMENTS

A. TIME SCHEDULE

All bidders are hereby advised of the following schedule and will be expected to adhere to the specified performance requirements.

- | | |
|---|-------------------|
| 1. Invitation for Bid (IFB) package mailed to prospective bidders | 5-14-2003 |
| 2. Deadline for submission of questions requiring a written response | 5-21-2003 |
| 3. Bid package must be received no later than 3:00 PM | 6-4-2003 |
| 4. Review program requirements | 6-5-2003 |
| 5. Post intent to award notice | 6-9-2003 |
| 6. Final day to file a protest | 6-16-2003 |
| 7. Award of contract to successful bidder | 6-17-2003 |
| 8. Contract start date, subject to Dept. of General Services approval | <u>7-1-2003</u> |
| 9. Termination of contract | <u>06-30-2004</u> |

B. CONTACTS BETWEEN BIDDERS AND STATE

Bidders may contact the Department of Mental Health (DMH) for additional information regarding the IFB by calling Mary Ellen Sabin at (916) 657-4902 or Bee Tham at (916) 654-3595. Any questions, which, in the judgment of the Contracts Office materially alter the IFB requirements, must be in writing and answers will be provided to all bidders in writing.

C. SUBMISSION OF BIDS

An original and six copies of the following documents must be submitted:

1. Required Attachments Checklist.
2. Bidder letters of reference, with the name, address and telephone number, of at least three (3) clients of large organizations for whom the bidder has performed technical and management assignments of a similar complexity to those required by this IFB. Letters of reference should describe the type and scope of work performed. It is preferable that at least one reference be a government or State contract.

3. Current resume for the proposed Contract Manager, who meets qualifications listed in Section III.D.2. Administrative Personnel, and two (2) letters of reference (including contact telephone numbers) describing capably performed administrative functions similar in range and complexity to those required in this IFB.
4. Current resume for the proposed Medical Director, who meets qualifications listed in Section III.D.2. Administrative Personnel, and two (2) letters of reference (including contact telephone numbers) describing performance of clinical and administrative functions similar in range and complexity to those required in this IFB.
5. Current resume for the proposed Quality Assurance (QA) Director, who meets qualifications listed in Section III.D.2. Administrative Personnel, and two (2) letters of reference (including contact telephone numbers) describing performance of clinical and administrative functions similar in range and complexity to those required in this IFB.
6. Letters of commitment (including geographic service area(s) and counties to be covered), current license (verified), and resumes for a minimum of ten (10) proposed evaluators for the Project. Evaluators for each of the four regions shall be included, and at least two of the three eligible disciplines described in Section III.D.1.b. shall be represented. No more than five proposed evaluators shall be from one discipline. Neither the Medical nor the QA Director shall be included as evaluators.
7. Attach the Small Business Preference Form to the IFB package
8. Complete, sign and date the attached Bid Form, Budget Format, Personnel and Operational Costs Budget and Bid/Bidder Certification Sheet.

The above specified items, Numbers 1 - 8, constitute your bid and must be submitted in a sealed envelope. The sealed envelope must be plainly marked with your organization's name and address, the above project number and title (Preadmission Screening and Resident Review/Mental Illness (PASRR/MI Level II Evaluation Process), and must be received by 3:00 PM on June 4, 2003. Mail or deliver to:

**Department of Mental Health
Contracts Office
1600 9th Street, Room 150
Sacramento, CA 95814**

Bids and modifications or corrections thereof received after the closing time specified will not be considered.

ONLY BIDS SUBMITTED ON THE BID FORM FURNISHED BY THE DMH WILL BE CONSIDERED. The bid must be printed in ink or typewritten. No erasures permitted. Errors may be crossed out and corrections printed in ink or typewritten adjacent to the error and the correction must be initialed in ink by the person signing the bid.

A bid may be rejected if conditional, incomplete, or it contains any alterations of form or other irregularities of sufficient magnitude or quantity to warrant a finding of being substantially non-compliant.

The State may accept or reject any or all bids and may waive any immaterial defect in a bid. The State's waiver of an immaterial defect shall in no way modify the bid requirements or excuse the bidder from full compliance with the objective if awarded the contract.

D. REJECTION/DISQUALIFICATION

The following shall cause the immediate rejection or disqualification of a bid:

1. Any bid not received at the time and place specified in the IFB.
2. Any bid not plainly marked with the name and address of the submitting organization/individual and the project number and title when such omission results in either a premature or delayed opening of the bid and potentially compromises the integrity of the competitive process.
3. Failure to use and sign the "Bid Form" provided by the State.
4. Substantial noncompliance with IFB requirements.
5. Substantial non-responsiveness to programmatic requirements.
6. Any bid received from a CONTRACTOR who has had a contract canceled by the State due to negative performance.

E. DEFINITIONS

An immaterial defect is a flaw, incompleteness, defect or condition in a bid which is not of the type to warrant disqualification of the bid. If the bid is found to contain a substantial number of such defects, the State may declare the bid to be substantially non-compliant and reject it.

F. CONTRACT AWARD PROCESS

At 4:00 PM on the date specified in the IFB, all bids shall be publicly opened and the dollar amount read.

A small business preference of five (5) percent is granted to businesses that have an approved certification form (OSMB 11) on file with the Department of General Services, Office of Small Business Certification and Resources (OSBCR) by 5:00 p.m. on the date bids are due, or submit a copy of OSBCR certification with your bid.

The preference is an amount equal to five (5) percent of the lowest responsible bid, if such low bid has been submitted by a bidder who is not certified as a small business. If, after deduction of the 5 percent preference from a small business bidder's bid, it is equal to or less than the lowest bid, the bid shall be awarded to the small business. In no event shall the cost of the small business preference exceed the sum of \$50,000 for any bid.

Subsequent to the opening of bids, a copy of all bids will be available for public inspection in the Contracts Office, DMH, 1600 9th Street, Room 150, Sacramento, CA.

The contract shall be awarded to the lowest responsible bidder meeting the specifications. The lowest responsible bidder meeting the specifications is one who:

1. Has complied with all bidding requirements.
2. If a corporation, is qualified to do business in and has an office in California.
3. If a past CONTRACTOR with the State, has satisfactorily fulfilled all contract requirements.

Prior to actual award of the contract, a Notice of Intent to Award will be posted in the Contracts Office, DMH 1600 9th Street, Room 150, Sacramento, CA for a period of five (5) working days.

G. PROTEST PROCEDURES

1. If, prior to the award, any bidder files a protest with the DMH and Department of General Services against the awarding of the contract on the grounds that he or she is the lowest responsible bidder meeting the specifications for the contract, the contract shall not be awarded until either the protest has been withdrawn or the Department of General Services has decided the matter. (Public Contract Code Section 10343.)
2. Protests must be received at each of the addresses stated below not later than five (5) working days after the "Notice of Intent to Award" has been posted.

**Department of Mental Health
Contracts Office
1600 9th Street, Room 150
Sacramento, CA 95814**

**Department of General Services
Office of Legal Services
1325 J Street, Suite 1911
Sacramento, CA 95814**

3. Within five (5) calendar days after filing the protest, the protesting bidder must file with the DMH and Department of General Services a full and complete written statement specifying the grounds for the protest. Certified or registered mail must be used.

SECTION II GENERAL OVERVIEW

This IFB is offered to enable the State mental health authority, the DMH, to meet the requirements of Public Law 100-203, known as the Omnibus Budget Reconciliation Act of 1987 (OBRA-87), and to implement what was known initially as the Preadmission Screening and Annual Resident Review/Mental Illness (PASARR/MI) program. In 1996, the Annual Resident Review portion was repealed and replaced with the requirement to perform the RESIDENT REVIEW (RR) for a significant change in a resident's physical or mental condition. California uses the acronym PASRR to represent the change as: **PREADMISSION SCREENING AND RESIDENT REVIEW (PASRR).**

This document presents background information related to the PASRR/MI Level II evaluation process, and identifies various administrative and programmatic elements and requirements needed for the successful performance of this contract.

The DMH Budget Act for State Fiscal Year (FY) 2003-04 provided additional resources for the PASRR program. The new allocation requires a competitive bid process which follows established policy, procedures, and guidelines as defined in the State Administrative Manual. DMH's annual Budget Act appropriation for departmental support includes combined Federal and State funds earmarked for this program.

A. PURPOSE OF THE IFB

The purpose of this IFB is to invite public and private organizations to submit a bid, as well as documentation, demonstrating the ability to administer/manage the performance of PASRR/MI Level II evaluations for all seriously mentally ill residents residing in approximately 1,500 Medicaid certified Nursing Facilities (NFs), which includes Skilled Nursing Facilities (SNFs), Intermediate Care Facilities (ICFs) and Special Treatment Programs (STPs) statewide.

This IFB covers services to be performed during FY period July 1, 2003 through June 30, 2004. It is estimated that approximately 5,100 Preadmission Screening (PAS) and Resident Review (RR) (change of status) Level II referrals will be referred to the selected organization. These Level II referrals result in the CONTRACTOR performing the following types of Level II evaluations:

1. **COMPLETE:** A Level II evaluation that includes performing a complete physical examination.
2. **PARTIAL:** A Level II evaluation that does not require performing a complete physical examination because the resident has had a physical examination in the last 90 days prior to the Level II evaluation.
3. **SUSPEND:** A Level II evaluation is suspended when the evaluator has made an appointment and has traveled to the NF to evaluate the resident, but the resident is unavailable or unable to participate in the evaluation.

4. **ATTEMPT:** A Level II referral that cannot be scheduled for reasons beyond the control of the CONTRACTOR.

B. BACKGROUND

In 1987, OBRA-87 (Nursing Home Reform Act), effective January 1989, proposed sweeping changes in NF care across the country. The PASRR/MI evaluation is one of the requirements of OBRA-87. PASRR final rules and regulations were published in the Federal Register, November 1992. (See Attachment No. IV.8.) As a result of these mandates, all states implemented evaluation procedures to determine whether individuals admitted to or residents of Medicaid-certified NFs suffer from a serious mental disorder; and, if so, to determine whether the new admission or resident requires NF and/or specialized (acute psychiatric treatment) services or less than specialized mental health services for treatment of a mental disability.

Federal regulations mandate that the PASRR/MI Level II evaluation be performed by a third party entity. The State has contracted with a public or private organization to perform the Level II evaluations since 1989.

C. DESCRIPTION OF THE PASRR EVALUATION PROCESS

The State of California has developed a system that integrates the PASRR/MI evaluation activities performed by the Department of Health Services (DHS), delegated NFs, DMH, and the PASRR CONTRACTOR. These are called the PASRR/MI Level I and Level II evaluations.

STEP 1: LEVEL I

NFs are required to complete the PAS/PASRR Level I Screening Document, DHS 6170 (Attachment No. IV.4), as part of the NF Treatment Authorization Request (TAR) process. The DHS 6170 is a preliminary assessment to identify NF residents or recent admissions who have or may have a diagnosis of a serious mental disorder. If a resident is considered appropriate for evaluation, the Level I document is mailed from the NF to DMH for a PASRR/MI Level II evaluation.

CRITERIA FOR SERIOUS MENTAL DISORDER. Residents and recent admissions to NFs who are suspected of or diagnosed as having a serious mental disorder must meet each of the following criteria for serious mental disorder based on: diagnosis, level of impairment, and recent treatment.

- a. Diagnosis: The resident has at least **ONE** major mental disorder diagnosable under the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition Text Revision (DSM IV TR):
- (i) Schizophrenic, paranoid, mood, and depressive disorders, panic or other severe anxiety disorders, somatoform disorders, personality disorders, other psychotic disorders or another mental disorder that may lead to chronic disability; but
 - (ii) Not a primary diagnosis of dementia, including Alzheimer's disease or a related disorder or a non-primary diagnosis of dementia unless the primary diagnosis is a major mental disorder.
- b. Level of Impairment: The disorder results in functional limitations in major life activities within the past three to six months that would be appropriate for the resident's developmental stage. The resident or recent admit typically has at least **ONE** of the following characteristics on a continuing or intermittent basis:
- (i) Interpersonal functioning. The individual has serious difficulty interacting appropriately and communicating effectively with other individuals, a possible history of altercations, evictions, firings, fear of strangers, avoidance of interpersonal relationships, and social isolation.
 - (ii) Concentration, persistence, and pace. The individual has serious difficulty in sustaining focused attention for a long enough period to permit the completion of tasks commonly found in work settings or in work-like structured activities occurring in school or home settings, manifests difficulties in concentration, inability to complete simple tasks within an established time period, or makes frequent errors or requires assistance in the completion of these tasks.
 - (iii) Adaptation to change. The individual has serious difficulty in adapting to typical changes in circumstances associated with work, school, family or social interaction; manifests agitation; exacerbated signs and symptoms associated with the illness or withdrawal from the situation or requires intervention by the mental health or judicial system.
- c. Recent Treatment: The treatment history indicates that the individual has experienced at least **ONE** of the following:
- (i) Psychiatric treatment more intense than outpatient care more than once in the past two years (e.g., partial hospitalization or inpatient hospitalization); or
 - (ii) Within the last two years, due to the mental disorder, experienced an episode of significant disruption to the normal living situation, for which supportive services were required to maintain functioning at home, or in a residential treatment environment, or which resulted in intervention by housing or law enforcement officials.

STEP 2: LEVEL II

The purpose of the PASRR/MI Level II evaluation is to complete a comprehensive psychiatric and medical examination for recent admissions and residents in NFs who are either suspected of having, or have been diagnosed as having, serious mental illness. This on-site evaluation is the basis on which DMH makes specific mental health treatment and placement recommendations on behalf of the individual evaluated.

The objectives of the Level II evaluation are:

- a. To assess the need for NF level of care.
- b. To identify the presence of a serious mental disorder.
- c. To determine the need for specialized services (SS) and less than specialized mental health services (MHS).
- d. To recommend MHS specific to such resident's treatment needs.

On receipt of the Level I (DHS 6170), DMH reviews the document for completeness and clinical appropriateness before sending it electronically to the CONTRACTOR for a Level II evaluation. The Level II referral is assigned a unique DMH number, and pertinent data from the Level I form is electronically transmitted to the CONTRACTOR. The DMH has developed computer software specifically for this project to ensure the security, integrity and backup of all PASRR/MI data transmitted between DMH and the CONTRACTOR.

There are three types of PASRR/MI Level II evaluations for which the PASRR/MI Evaluation Document, MH 1733 (7/98) (or latest version) (Attachment IV.5), shall be completed by the CONTRACTOR:

- a. PAS, an evaluation performed for an individual prior to or on admission to an NF.
- b. RR, an evaluation performed when an NF resident experiences a significant change in a physical or mental condition.
- c. Emergency Review (ER), an evaluation performed when an NF resident's mental condition is critical and requires an urgent evaluation, as determined by DMH and the NF.

Following the receipt of the Level II referral from DMH, the CONTRACTOR shall:

- a. Verify, by contacting the NF, the resident currently resides in the facility, needs an interpreter, is able to participate in the evaluation and other information pertinent to the completion of an accurate and comprehensive evaluation.
- b. Assign the case to an appropriately trained, DMH-approved evaluator to perform a Level II evaluation at the NF site for each referral received from DMH.

- c. Transmit evaluator's Level II findings to the CONTRACTOR's office to undergo a clinical certification/QA process.
- d. Carefully review each completed evaluation for quality, completeness, accuracy, and clinical consistency.
- e. Key enter, verify and transmit the certified Level II results to DMH.

Certifications by the CONTRACTOR's Medical and QA Directors serve to assure that the resident's Level II evaluation is accurate, complete, and clinically consistent. Each completed evaluation must meet the stated timeframe and specified QI requirements as indicated in the IFB.

On receipt of the Level II, DMH clinical staff review the Level II data and make the final mental health treatment and placement recommendations. DMH provides written notification letters with recommendations to the resident, the facility, the conservator (when appropriate), DHS Licensing and Certification (Medi-Cal Field Office), county Mental Health Plan and the attending physician.

MEDICAID FAIR HEARING PROCESS

Final PASRR regulations incorporate a Medicaid fair hearing for residents. The Department of Social Services will conduct the hearing. DMH has implemented an informal process to respond to issues raised by and on behalf of the resident.

Should a Medicaid fair hearing become necessary, it is the CONTRACTOR's responsibility to secure any case records and/or supporting documentation needed by DMH from the appropriate NF within forty-eight (48) hours of a DMH request.

SECTION III

PROGRAM SERVICE REQUIREMENTS

This section comprises the Program Service Requirements for which a bid and documentation of capability to perform is to be submitted by the bidder. The CONTRACTOR shall comply fully with all requirements as outlined below.

A. WORK PERFORMANCE REQUIREMENTS

- 1. Number of Referrals/Evaluations:** The CONTRACTOR shall have the capacity to perform 5,100 Level II referrals/evaluations, statewide, for FY 2003-04.

DMH does not guarantee a specified number of evaluations. DMH retains the right to refer PASRR/MI Level II evaluations in a manner that ensures all evaluations are completed, while preventing potential contract overruns. Based on a review of past experience, approximately 65 percent of referrals are PAS and 35 percent are RR due to a change of status.

On a day-to-day basis, DMH cannot accurately determine or guarantee the number of referrals that are received by DMH and referred to the CONTRACTOR. The average referral rate for the past year has been approximately 120-130 referrals per week, referred to the CONTRACTOR once a week.

- 2. DMH Identification Number:** Each referral is given a unique DMH number that provides anonymity and identifies a specific resident and episode. The Level II, when returned to DMH as a completed evaluation and the monthly invoice report shall reflect this number. This identifying number is the basis on which reimbursement is made.
- 3. NF Visit:** The CONTRACTOR shall complete the Level II evaluation in the following manner:
 - a. The evaluator shall call at least 24 hours in advance to the facility to schedule an appointment to evaluate the resident, verify the resident will be available for the evaluation and is physically and mentally capable of participating in the evaluation.
 - b. The evaluator shall schedule appointments between 7:00 AM and 7:00 PM to minimize disruption to the resident and the facility.
 - c. The evaluator shall wear and display a DMH-approved identification badge at all times while in the facility, and when asked be prepared to explain the purpose of the visit and the Level II evaluation process to the resident, all NF personnel, and to others involved with the resident's care and treatment.

- d. The evaluator shall perform a complete, face-to-face mental status examination and all other required aspects of the Level II evaluation with each resident.
 - e. The evaluator shall behave professionally and courteously at all times while conducting PASRR evaluations.
4. **Evaluation Capacity:** The CONTRACTOR shall have the capacity to perform an average of 665 Level II evaluations per month throughout the state in any residential or health facility, e.g., board and care facility, acute health facility, and approximately 1,500 NFs, which includes NFs providing Skilled Nursing, ICFs and STPs within the State of California. The number of monthly Level II evaluations is subject to change based on a number of factors including, but not limited to, State budget approval, extended start-up delays during which Level I referrals received by DMH have not been referred to the CONTRACTOR and a backlog has been created, and higher numbers of Level I referrals are received by mail and fax from NFs, ICFs and STPs.
5. **Level II Document:** The CONTRACTOR shall use the PASRR/MI Level II Evaluation Document - MH 1733 or equivalent (Attachment No. IV.5 - either hard copy or computer version), to record the findings of the PASRR/MI Level II evaluation. If a computer version is utilized by the evaluator, the CONTRACTOR will produce a hard copy, have it signed and dated by the evaluator, QA Director and Medical Director. The CONTRACTOR shall store all completed PASRR/MI Level II Evaluations for a period of no less than seven years for possible DMH use.
6. **Confidentiality:** The CONTRACTOR shall insure the confidentiality of all resident information. California mental health statutes place particular emphasis on the protection of confidentiality. As a general rule, all information about a client or resident is confidential and may be released only with client or resident authorization. If a resident is conserved, or placed by a county Mental Health Plan, Welfare and Institutions Code Section 5328 applies. When a client or resident is voluntary, the Confidentiality of Medical Information Act, at Civil Code Section 56 would apply. In addition, the Health Insurance Portability and Accountability Act (HIPAA) contains specific privacy protections that are mandated. HIPAA privacy legislation and its resulting regulations are designed to enhance the protections afforded by many existing state laws. Stronger state laws and other federal laws continue to apply. The standards for covered entities apply whether patients are privately insured, uninsured or covered under public programs such as Medicare or Medicaid.
7. **Evaluation Categories:** The CONTRACTOR shall complete all required items on the MH 1733 for each category of the Level II evaluation as noted below and as explained in the CONTRACTOR's Manual.
- a. **COMPLETE:** A Level II evaluation that includes performing a complete physical examination. All items on the MH 1733 must be completed.

- b. **PARTIAL:** A Level II evaluation that does not require performing a complete physical examination because the resident has had a physical examination within the last 90 days prior to the Level II. The physical health portion of the evaluation may be recorded from information found in the resident's chart. All items on the MH 1733 must be completed.
 - c. **SUSPEND:** A Level II evaluation is suspended when the evaluator has made an appointment and traveled to the NF to evaluate the resident, but the resident is unavailable or unable to participate in the evaluation. DMH will designate which items on the MH 1733 must be completed, depending on the reason for the suspension.
 - d. **ATTEMPT:** Attempted PASRR Level II referrals are those that are referred by DMH but cannot be scheduled for reasons beyond the control of the CONTRACTOR. DMH will designate which items on the MH 1733 must be completed when a PASRR Level II evaluation cannot be scheduled.
- 8. Timeframes:** The CONTRACTOR shall meet specified completion timeframes to receive full reimbursement for negotiated evaluation costs (see Bid and Budget Section IV). The CONTRACTOR will be allowed the following timeframes to receive, assign, schedule, perform, certify, key enter, verify and transmit the Level II evaluation to DMH. The timeframes are calculated from the date of receipt of the Level II referral from DMH.
- a. **PAS Level II evaluations** (COMPLETE, PARTIAL, SUSPEND and ATTEMPT) must be completed and transmitted to DMH within **seven calendar days (excluding holidays)**.
 - b. **RR change of status Level II evaluations** (COMPLETE, PARTIAL, SUSPEND and ATTEMPT) must be completed and transmitted to DMH within **ten (10) calendar days (excluding holidays)**.
 - c. **ER Level II evaluations** (COMPLETE and PARTIAL) must meet the following timeframes from receipt of the referral: 1) Complete the evaluation and **FAX the hard copy of the Level II evaluation to DMH within 24 hours,** and 2) **transmit Level II evaluation data electronically within three (3) calendar days (excluding holidays)**.
 - d. **Specialized Services (SS) recommendations for PAS, RR, and ER Level II evaluations** represent those cases wherein the evaluator has recommended acute psychiatric treatment for residents who, as a result of a serious mental disorder, cannot be properly treated at the NF level of care. In these cases the CONTRACTOR shall comply with the following procedures and timeframes:
Within 24 hours of such recommendation by the evaluator:
 - (i) The evaluator must immediately contact and alert the CONTRACTOR's office of the finding and fax/send a hard copy of the Level II form.

- (ii) The CONTRACTOR QA Director or Medical Director must review and certify the completed Level II evaluation. If the QA Director or Medical Director agrees that the referral constitutes an SS case, the CONTRACTOR must notify DMH by telephone and fax a copy of the completed evaluation to DMH. In case of disagreement between the evaluator and Medical Director or QA Director, additional clinical or medical input may be required by DMH.

Within 72 hours, or three calendar days of the SS recommendation, the CONTRACTOR must then key enter, verify and electronically transmit the SS evaluation to DMH.

B. PASRR LEVEL II PROCESS

PRE-EVALUATION

The CONTRACTOR shall perform the following prior to performance of the Level II evaluation:

- 1. NF Contact and Scheduling Appointments:** Contact the NF to confirm residency, to confirm if the resident has any special communication needs including, but not limited to, the need for an interpreter, the need for special hearing devices, the need for special communication devices, the need for other persons to be present, to confirm if the resident's mental and/or physical condition might in any way preclude him/her from participating in the Level II evaluation, and to gather other pertinent information related to scheduling the performance of the Level II evaluation (e.g., the date of the last physical examination).
- 2. Evaluator Schedule of Appointment and Verification of Resident Status:** Within 24 hours prior to the NF visit, the evaluator must contact the facility to schedule an appointment, and to verify that the resident will be available for the evaluation and is physically and mentally capable of participating in the Level II evaluation.
- 3. Effective Resident Communication:** The CONTRACTOR is responsible for assuring the evaluation is performed in a manner that meets the language and/or means of communication of the resident and maintains resident confidentiality. If an interpreter is needed, the CONTRACTOR shall arrange for the service if there is not one available within the facility. The interpreter shall not be another resident. The CONTRACTOR shall utilize interpreters in the following order of preference: (a) an evaluator proficient in the resident's preferred language or method of communication; (b) a NF staff member or a professional interpreter proficient in the resident's preferred language or method of communication; (c) a family member proficient in the resident's preferred language or method of communication.

4. **Evaluator Identification:** While engaged in PASRR activities the evaluator shall wear and display at all times a DMH-issued identification badge. At any and all times, the PASRR evaluator will be prepared to explain who he/she is, the purpose of the visit and the Level II evaluation process to the resident, all NF personnel, and to other persons involved with the resident's care and treatment.
5. **Time Frames:** Record the time of arrival and the time of departure from the NF on the MH 1733.

PASRR/MI LEVEL II EVALUATION REQUIREMENTS

6. **Source of Information:** The Level II evaluation shall include, but not be limited to, the following sources of information:
 - a. **Medical Records:** The evaluator shall review the resident's medical records including the Resident Assessment (RA), Minimum Data Set (MDS), physicians' and nurses' notes, and other pertinent documents.
 - b. **Direct Observation and Communication with the Resident:** The mental status examination shall be current, and the Level II evaluation must reflect that the evaluator had direct contact and interaction with the resident during the evaluation. Should the evaluator wish to include mental/cognitive status information outside that gained through direct communication and observation, the evaluator may do so in other parts of the Level II evaluation, but must note the source(s) of such information on the MH 1733 on item #71: Additional Information.
 - c. **Collateral Contacts:** The evaluator may receive information from the NF staff, and may, with documentation of the permission of the resident or the conservator, if one has been appointed by the court, contact the family as necessary for a complete, individually descriptive Level II evaluation. In the process of certification, the QA or Medical Director may contact the resident's conservator, family member (if resident or conservator permission has been obtained), NF staff and/or county Mental Health Plan (MHP) case manager, as necessary to certify completion of an accurate, individually descriptive, Level II evaluation.

7. **PASRR/MI Level II Evaluation.** The CONTRACTOR shall utilize the MH 1733 to document the Level II evaluation and include all of the following elements:
- a. **Psychiatric Evaluation:** The PASRR/MI psychiatric evaluation shall include, but is not limited to:
 - (i) A complete psychiatric history including, but not limited to, presenting problems, date of onset of mental disorder, previous psychiatric hospitalizations, previous and current psychiatric medications and response to current psychiatric medications.
 - (ii) A complete and current mental status examination noting the resident's appearance, thought process, thought content, emotional status and cognitive status.
 - (iii) A current and complete multi-axial psychiatric diagnosis utilizing the DSM IV TR.
 - (iv) Assessment of the current rehabilitation potential of the resident, and recommendations regarding needed psychiatric rehabilitation activities and mental health services.
 - (v) Assessment of the need for NF placement, with careful consideration of the potential or emergent need for increased psychiatric care (specialized services) or a less restrictive, community placement.
 - b. **Psychosocial Assessment:** The psychosocial assessment shall include, but is not limited to:
 - (i) A review of the resident's current functional level.
 - (ii) Community placement potential and prior placement history.
 - (iii) Family, friends, and/or community support systems.
 - (iv) Consideration of barriers (e.g., behavioral) to community placement.
 - c. **Physical Health History:** The physical health history must include, but is not limited to:
 - (i) The resident's current physical health problems.
 - (ii) Required skilled nursing procedures.
 - (iii) Continence performance.
 - (iv) Required physical health aids and ambulation.
 - (v) Personal care activities.
 - (vi) Nonpsychiatric medications that mask or mimic mental disorder.

- d. **Physical Health Examination:** A complete physical examination, including a neurological assessment, is required for all residents as a part of their Level II evaluation. However, if a resident has had a physical examination within the last 90 days prior to the Level II, this information may be taken from the resident's chart by any DMH-approved evaluator. This is known as a Partial Level II evaluation as stated in Section III,A,7,b. If the necessary information to complete the Level II is not in the chart or the resident has had a recent physical problem, this information must be gathered from a face-to-face physical examination of the resident, by a physician.
- e. **Documentation of Level II Completion:** The evaluator shall document the performance and completion of the PASRR/MI Level II evaluation on DHS 6170 (Attachment No. IV.4) or, if unable to locate, on DMH 1773 (Attachment No. IV.6).
- f. **Level II Evaluator Signature:** The completion of the Level II PASRR/MI evaluation, including evaluation time and round trip mileage, shall be signed by the evaluator, noting title (clinical licensure) and date.
- g. **Physical History and Examination Certification:** The physical history, examination and information pertinent to it shall be reviewed and certified by the Medical Director or other delegated, DMH-approved physician.
- h. **Overall Level II Certification:** Following review of the information pertinent to the individual, and modifying the evaluation, if necessary, for completeness and accuracy, the Medical or QA Director shall sign the certification, noting clinical licensure and date.

C. ADMINISTRATIVE REQUIREMENTS

- 1. **Start-up Period:** The CONTRACTOR shall have a start-up phase not to exceed 45 days to receive and perform Level II evaluations. The start-up phase includes recruitment, hiring, and training of staff devoted to each task.
- 2. **Working Office:** The CONTRACTOR shall maintain one working office within the State of California to which DMH will be connected for telephone transmission of referrals and receipt of PASRR/MI Level II evaluations and recommendations.
- 3. **Business Hours:** The CONTRACTOR shall maintain a working office during normal business hours, which is deemed to be from 8:00 AM to 5:00 PM, Monday through Friday, except State holidays.

4. **Contact Person:** The CONTRACTOR shall designate and maintain at least one contact person at the established working office during business hours stated in C.3. above who has the authority to make and implement contract and program decisions.
5. **Record Security:** The CONTRACTOR shall ensure strict confidentiality of all resident information. (Reference: Welfare and Institutions Code Section 5328 et seq.) In this regard, the CONTRACTOR shall:
 - a. Maintain all hard copy Level II information under lock and key to which only authorized persons shall have access.
 - b. Provide and maintain all Management Information Systems' safeguards as required by DMH.
 - c. Publish no information about the PASRR/MI process or the Level II evaluations without the prior, written approval of DMH.
 - d. Ensure the PASRR/MI process or the Level II evaluation information is not used for purposes other than PASRR.
6. **Subcontracts:** The CONTRACTOR shall not, in connection with the performance of the contract, enter into subcontracts of \$10,000.00 or more without the review and prior approval of DMH. Subcontracts of less than \$10,000.00 will not require prior approval from DMH.
7. **Record Retrieval/Appeal Process:** The CONTRACTOR shall, on request, retrieve and deliver to DMH specified portions of the resident's chart located at the NF as required for the Medicaid fair hearing and appeal process. The CONTRACTOR shall deliver such materials within 48 hours or as specified by DMH.
8. **Automated Cost Accounting System:** The CONTRACTOR shall maintain an automated cost accounting/information system to collect and provide data on screening and operational costs (such as travel and workload variables) in a format to be provided by DMH.
9. **Equipment:** The CONTRACTOR shall not purchase or lease office equipment costing \$5000.00 or more without approval from DMH. The CONTRACTOR will utilize State vendors based on availability. Purchases or leases of office equipment costing less than \$5000.00 will not require DMH approval.

10. **Meetings:** The CONTRACTOR shall have the Contract Manager, Medical Director and QA Director available for monthly, or as needed, meetings with DMH throughout the duration of the contract. For budgeting purposes, plan for half of the meetings to take place in Sacramento, and the other half in the CONTRACTOR's working office.
11. **Evaluation of Program Operations:** The CONTRACTOR shall develop procedures to evaluate its program operations including fiscal management and overall program effectiveness and submit monthly and quarterly reports of program operations, QI activities and plans for correction, as specified by DMH.
12. **Review/Monitor:** DMH shall review and monitor the CONTRACTOR's performance of program administration requirements by, but not limited to the following: a) review and approval of all staff resumes, b) onsite reviews, c) review of written administrative policies and procedures, d) telephone and face-to-face meetings, e) review of monthly and quarterly QI reports, f) attendance at QI meetings and evaluator training sessions, and g) review of evaluations and claims.
13. **Conflict of Interest:** The CONTRACTOR shall not consult, subcontract, own, work for, or in any manner benefit, financially or otherwise, from association with a NF or the NF industry during the period of this contract. The CONTRACTOR shall be in compliance with State Administrative Manual Section 1250 and Public Contract Code Sections 10410 and 10411 regarding conflict of interest.
14. **Knowledge:** The CONTRACTOR shall have knowledge and understanding of OBRA 87, federal and State Medicaid/Medi-Cal regulations and procedures, psychiatric patients, SNFs, ICFs, STPs, and the public mental health system, including the county Mental Health Plans (MHP).
15. **Experience:** The CONTRACTOR shall have experience administering/managing a program that provides mental health services or performs psychiatric and physical health evaluations.

D. STAFFING REQUIREMENTS

1. Clinical Evaluators

- a. **Number of Evaluators:** The CONTRACTOR shall recruit, hire, train, maintain and monitor the performance of a sufficient number of California State licensed professionals throughout California's four geographic regions to perform the PASRR/MI Level II evaluations.

FY 2001-02 DATA

California Regions	Total # of Referrals	Percentage of Evaluations by Region
1 Central	405	6%
2 Bay Area	899	15%
3 Southern	4,732	78%
4 Northern	53	1%
Total	6,089	100%

The table above is based on the number of Medi-Cal-eligible referrals, by region, during the State FY 2001-02 and an estimated percentage of Medi-Cal resident evaluations for each region. California counties within each region and the number of Medi-Cal-eligible referrals by County are displayed in Section IV, Attachment No. IV.1. We estimate that the number of non Medi-Cal referrals as a result of admissions will be approximately 5,100 per year, depending on the admission rate and the NF Level I seriously mentally ill identification for PASRR/ MI. These numbers are estimates provided for budget and personnel planning purposes only and are not meant to predict or promise specific numbers of referrals or evaluators to complete Level II referrals. DMH is in no way obligated by these numbers, nor do these estimates change any of the CONTRACTOR requirements as stated in this IFB.

- b. Evaluator Disciplines:** For all evaluators, desirable qualifications would include (1) experience with the public mental health system and services, Medicare and Medi-Cal funded programs, and (2) a sympathetic and objective understanding of the problems of the mentally ill; tact, patience and ability to handle stressful situations. Level II evaluations shall be performed by a combination of licensed clinicians:
1. A California licensed physician (1) either a board-certified psychiatrist, or (2) a physician who has completed at least three years of residency in an approved Accreditation Council for Graduate Medical Education psychiatric residency training program, or (3) a physician with at least two years of documented and related mental health experience, at least one year of which was within the past five (5) years. No less than fifty (50) percent of the Level II evaluations performed by physicians must be completed by a psychiatrist; and/or
 2. A California licensed clinical psychologist with at least two years of documented and related mental health experience, at least one year of which was within the past five (5) years; and/or
 3. A California licensed clinical social worker with at least two years of documented and related mental health experience, at least one year of which was within the past five (5) years.

The total pool of evaluators shall include representation from all three disciplines. Evaluator selection and credentialing shall be based on an individual's clinical expertise, applied to the PASRR evaluation process. DMH will review and approve the Interdisciplinary Team (IDT) composition of the evaluator pool.

Licensed clinical psychologists and licensed clinical social workers are qualified to perform all aspects of the PASRR Level II evaluation, with the exception of performing the physical examination. The CONTRACTOR shall utilize licensed physicians who have been approved by DMH, to perform the physical examination. However, information from the resident's record may be recorded on the Level II evaluation by any DMH-approved evaluator as long as a physician performed the physical examination within the past 90 days.

- c. **Approval of Evaluators:** Throughout the duration of the contract the CONTRACTOR shall submit the resumes, qualifications, credentials (verified), two letters of reference with telephone numbers, and other required documentation of all prospective evaluators to DMH for approval prior to their performance of PASRR/MI Level II evaluations.

The CONTRACTOR will engage no evaluator in performing Level II evaluations, in whole or in part, who has not been properly oriented and trained, and who has not passed credentials review by DMH.

Evaluator candidates shall be placed on probation; that is, required to perform at least three (3) Level II evaluations and have these reviewed and signed-off by the CONTRACTOR's Medical Director and QA Director before DMH makes a final decision concerning approval as a PASRR evaluator. For every new evaluator, the first three (3) evaluations are an extension of the orientation and training of PASRR evaluations. Extra time will be needed for QA Director and Medical Director review, discussion and feedback. Therefore, the first three (3) evaluations, no matter where located, can be claimed as premiums. In some circumstances, an evaluator may remain on probation for an extended period with additional training and supervision until his/her performance meets DMH standards.

- d. **Discontinued Use of PASRR Evaluators:** In the event that an evaluator's performance falls below DMH standards for any reason, DMH may require that the CONTRACTOR discontinue the use of that individual for the purposes of this contract. Should this circumstance occur, DMH shall inform the CONTRACTOR in writing of this decision. The CONTRACTOR shall cease to utilize the named evaluator to perform any PASRR functions from the time of the CONTRACTOR's receipt of this notification.

- e. **Evaluator Computer Skills:** The CONTRACTOR shall give preference, all other qualifications being equal, to evaluators with computer knowledge and skills. This will enable the CONTRACTOR to more readily allow for the computer entry of Level II evaluation data directly onto the MH 1733 document by the evaluator, should this become feasible in the future.

2. Administrative Personnel

- a. **Core Administrative Staff:** The CONTRACTOR shall recruit, hire, train, maintain and oversee the following personnel: Contract Manager, Medical Director, QA Director, Computer Programmer, Office Manager, and Case Coordinators.
- b. **DMH Approval:** The CONTRACTOR shall submit all resumes and qualifications for all administrative and clinical personnel **to DMH for approval.**
- c. **Minimum Qualifications/Duties:** The CONTRACTOR shall ensure that administrative personnel meet the minimum qualifications and duties for the full time equivalent (FTE) as follows:

1.0 FTE Contract Manager

Qualifications: The Contract Manager is directly responsible for the administrative oversight of the PASRR/MI evaluation project. The Contract Manager shall have a bachelor's degree and a minimum of 2 years experience working with contracts in a related health care field. Desirable experience would include extensive computer knowledge and skills and knowledge of or experience with public mental health and Medi-Cal programs.

Duties of the Contract Manager Include:

1. Administers and manages the PASRR/MI program, acts as chief liaison to DMH, and ensures overall contract compliance.
2. Responsible designated contact person at working office from 8:00 AM to 5 PM, Monday through Friday, having authority to make and implement contract and program decisions, per DMH direction.
3. Recruits and provides training to administrative office staff and field evaluators. Oversees the development, implementation and submission to DMH of training programs developed for Level II field evaluators.
4. Prepares and submits timely monthly and quarterly reports to DMH.
5. Administers and monitors cost effective services and fiscal controls.
6. Attends monthly or as needed meetings with DMH throughout the duration of the contract.

1.0 FTE Medical Director

Qualifications: The Medical Director shall possess a current, unrestricted California license for the practice of medicine as determined by the California Board of Medical Quality Assurance or the Board of Osteopathic Examiners, and shall be a 1) Board Certified (B/C) psychiatrist or 2) a physician who shall have satisfactorily completed specialized training in psychiatry (at least four years of accredited post-graduate residency training, including a minimum of three years of training in psychiatry, in programs that are accredited by the Accreditation Council for Graduate Medical Education (ACGME) or by the Royal College of Physicians and Surgeons of Canada). In addition, the Medical Director/psychiatrist shall have maintained a high standard of personal and professional conduct. The Medical Director's resume shall document having performed clinical and administrative functions similar in range and complexity to those required in this IFB. Documented experience shall include: (a) having performed comprehensive psychiatric evaluations; (b) having taught, trained or clinically supervised others performing psychiatric evaluations within the past ten (10) years; and (c) knowledge of and/or experience with public mental health and Medi-Cal programs. Special Personal Characteristic: sympathetic and objective understanding of the problems of the mentally ill; tact, patience, and the ability to handle stressful situations.

Duties of the Medical Director include:

1. Recruits, credentials and hires evaluator candidates. Submits evaluator candidates to DMH for approval.
2. Participates in the development and implementation of; oversees and reports to the QI committee on the CONTRACTOR's orientation and training program for evaluators in conjunction with the QA Director.
3. Trains evaluators in the completion of Level II evaluations. Trains physicians performing physicals.
4. Certifies psychiatric medication, physical health history and examination sections of each Level II evaluation.
5. Certifies overall Level II evaluations.
6. Regularly attends management meetings with CONTRACTOR, Contract Manager, QA Director, and DMH.
7. Assists the QA Director in the development and implementation of an ongoing QI process for this contract; attends and participates in QI Committee meetings, reviews evaluations per DMH-approved QI monitors.
8. Shall be in the working office and available for consultation with DMH between the hours of 8:00 AM and 5:00 PM, Monday through Friday.
9. Responsible for physician and psychiatrist evaluators. Acts as the liaison between DMH and physician and psychiatrist evaluators, including giving additional training needed to improve evaluator performance and/or monitor performance.

1.0 FTE QA Director

Qualifications: The QA Director shall possess either (a) a current, unrestricted California license as a clinical psychologist; or (b) a current, unrestricted California license as a clinical social worker. The QA Director shall document experience that includes: (a) having performed psychiatric, psychological, or psychosocial assessments and evaluations; (b) having trained, taught, or clinically supervised others performing psychiatric, psychological, or psychosocial assessments and evaluations; and (c) knowledge of and/or experience with public mental health and Medi-Cal programs. The QA Director's resume shall document having performed clinical and administrative functions similar in range and complexity to those required in this IFB within the past ten (10) years. Special Personal Characteristic: sympathetic and objective understanding of the problems of the mentally ill; tact, patience, and the ability to handle stressful situations.

Duties of the QA Director include:

1. Recruits, credentials and hires evaluator candidates. Submits evaluator candidates to DMH for approval.
2. Develops, implements and directs the QA program related to the performance of this contract.
3. Creates, establishes and chairs a QI committee that reports on all QI activities to DMH and to the CONTRACTOR.
4. Certifies Level II evaluations, following certification of the medication, physical history and examination sections by the Medical Director or physician designee approved by DMH.
5. Develops, implements and reports on an ongoing orientation/training process for evaluators performing PASRR/MI Level II evaluations, in conjunction with the Medical Director.
6. Trains evaluators in the completion of Level II evaluations. Evaluates the effectiveness of the training.
7. Attends meetings with DMH as needed.
8. Shall be in the working office and available for consultation with DMH during business hours.
9. Responsible for psychologist and social work evaluators. Acts as the liaison between DMH and psychologist and clinical social work evaluators, including giving additional training needed to improve evaluator performance and/or monitor performance.

Note: The Medical Director and/or the QA Director shall not alter or redefine the duties or responsibilities of these positions, as described herein, without the written permission of the DMH.

1.0 FTE Office Manager

Qualifications: The Office Manager shall possess an equivalent to graduation from college with any major, but preferably with specialization in public or business administration, accounting, economics, or a related health care field. The Office Manager shall assist the Contract Manager in providing administrative oversight to the PASRR project. The Office Manager shall have a minimum of 2 years experience in administration and managing office operations. Desirable experience would include extensive computer knowledge and skills.

Duties of the Office Manager include:

1. Administers and manages office operations, provides day-to-day operational support to ensure overall contractual compliance.
2. Ensures the accurate preparation of monthly operation and personnel invoices.
3. Verifies monthly screening invoices and returns to DMH with signatures.
4. Provides day-to-day supervision to the case coordinators/data entry personnel. Supervises all contact with NFs by case coordinators, ensuring that resident status, language of communication of the resident, and other pertinent information related to scheduling the performance of the Level II evaluation, is gathered completely, accurately, and timely.
5. Prepares reports and evaluations, and provides follow-up resulting from Level II evaluators' NF contact and DMH requests.
6. Prepares monthly reports for DMH, utilizing DMH's software for billing and generating invoices.
7. Oversees a tracking system for Level II referrals for compliance with DMH timeframes.
8. Attends meetings with DMH as needed.
9. Available for consultation with DMH during business hours.
10. Supervises and ensures technical and clerical support to Contract Manager, Medical and QA Directors.

0.25 FTE Programmer

Qualifications: The Programmer shall possess an equivalent to graduation from college with a minimum of 24 semester or 36 quarter units in management information systems or computer science courses. The programmer shall have at least one year of experience performing duties similar in range and complexity to those required by the PASRR IFB. The programmer's primary role shall be to provide the programming and technical support necessary to develop and maintain the CONTRACTOR's internal management information system; periodically upgrade the management information system to meet business requirements; and interface with DMH's Information Technology staff.

Duties of the Programmer include:

1. Provides technical support and oversight for the software for the PASRR/MI program within the Windows environment.
2. Develops programs to track the Level II evaluations, generate reports for DMH and other related PASRR activities.
3. Works with DMH's Information Technology staff to request or receive and implement program enhancements.
4. Develops other computer program activities as required by the Contract Manager and DMH.
5. Creates and provides forms, programs, or databases to enable complete, accurate and efficient reporting, as required by DMH.

3.0 FTE Case Coordinator/Data Entry

Qualifications: The Case Coordinator/Data Entry personnel shall have at least one year of experience performing general office duties such as answering phones, responding to inquiries and using various computer software. In addition, these personnel shall have at least one year of experience with personal computers, key data entry and various software programs.

The Case Coordinator will be responsible for assigning the Level II referral to the sub-contract clinical field evaluator, contacting the NF to verify residency and the language of communication for the resident. Case Coordinators also track case assignments and enter the information into DMH's remote online system via the Internet.

Duties of the Case Coordinators include:

1. Downloads daily Level II referrals from the DMH. Contacts the NFs to verify resident status, medical records, and communication needs.
2. Ensures accurate and timely data entry of resident data information from the Level II (MH 1733) and verification of the same information. The verification must be performed by someone other than the initial data entry person.
3. Maintains a tracking system for Level II referrals for compliance with DMH timeframes ensuring: PAS Level II evaluations are completed and transmitted to DMH within seven calendar days excluding holidays, RR Level II evaluations are completed and transmitted to DMH within ten calendar days excluding holidays, and ER Level II evaluations are completed and hard copy of Level II evaluation is faxed to DMH within 24 hours and the Level II data is transmitted to DMH within three calendar days excluding holidays.
4. Assists in preparing reports on Level II data for the CONTRACTOR and DMH. Provides technical and clerical support to the QA Director, Contract Manager, and Medical Director.

E. STAFF TRAINING

- 1. Orientation:** The CONTRACTOR shall meet or exceed the evaluator and clinical staff orientation and training requirements as described in this IFB. All clinical staff and evaluators shall participate in an orientation program of no less than five (5) hours which shall, at the very least, cover:
 - a. The purposes and goals of OBRA-87, relevant statistics regarding the PASRR/MI program in California, and an overview of the Level I and Level II evaluation process.
 - b. A detailed review of the CONTRACTOR's Operations Manual, and relevant policies and procedures for the proper completion of the Level II evaluation and the MH 1733 document.
 - c. Case reviews of previously completed Level II evaluations demonstrating proper evaluation techniques, illustrative clinical patterns, and common evaluator errors.
 - d. Instructions regarding how to find information in the medical record, and other aspects of dealing effectively with NFs as a PASRR/MI evaluator.
 - e. The Medical and QA Directors shall participate in this orientation/training with DMH clinical staff. The CONTRACTOR's Medical Director and QA Director shall then be responsible for orienting and training the evaluators.
- 2. DMH Review and Approval:** DMH retains the right to participate directly in evaluator training as the Department deems necessary. DMH shall review and approve the CONTRACTOR's proposed training agenda, curriculum, and the content of any written material prior to evaluator training.
- 3. Performance Assessment of New Evaluators:** Following the initial orientation/training, evaluators shall be assigned three (3) Level II evaluations to complete. Following review and certification by the CONTRACTOR, these evaluations shall be reviewed by DMH clinicians. The CONTRACTOR shall be required to provide additional training to those evaluators whose performance is below "standard" before utilizing them to perform additional Level II evaluations. DMH approval will be given when evaluations meet clinical standards.
- 4. Training Expenses:** The CONTRACTOR shall compensate all evaluators and clinical staff for their travel expenses incurred to participate in the initial orientation/training and any other training required of all clinical staff. For every new evaluator, the first three evaluations are an extension of the orientation and training of PASRR evaluations. Extra time will be needed for QA and Medical Director review,

discussion and feedback. Therefore, the first three evaluations, no matter where located, can be claimed as premiums. Reimbursement for additional training and travel required of an evaluator or clinical staff member as a result of substandard performance shall be the sole responsibility and at the discretion of the CONTRACTOR.

5. **Evaluation of Training Effectiveness:** The CONTRACTOR shall monitor and evaluate its training activities in order to assess effectiveness and to identify opportunities to improve these activities, as part of the overall QI process. All evaluation results, opportunities for improvement and resulting changes are expected to be included as part of the CONTRACTOR's Quarterly Reports submitted to DMH.

F. MANAGEMENT INFORMATION SYSTEMS (MIS) REQUIREMENTS

1. **Function:** The CONTRACTOR shall perform the following MIS functions:
 - a. Work within the MIS, Windows environment, or as specified by DMH.
 - b. Maintain the data processing equipment provided by DMH.
 - c. Maintain a working relationship with DMH Information Technology staff regarding hardware management and the process of entering, verifying, and submitting Level II data.
2. **Programming Support:** The CONTRACTOR shall provide computer programming support necessary to produce internal management reports, which track and monitor all Level II referrals from the time they are received to the time a completed document is transmitted to DMH. Data and programs used for these reports will be kept in a separate and secure directory.
3. **Internal Data Processing:** The CONTRACTOR shall maintain an internal data processing system which meets the following requirements:
 - a. Provide adequate storage and operating memory to operate efficiently and communicate with DMH over the internet.
 - b. Store and retrieve all information relative to all completed PASRR/MI Level II evaluations.
 - c. Ensure that all resident data is secure and confidential and meets HIPAA standards as developed by DMH.

DMH has developed Internet-accessible software for this project to: a) ensure the security of the DMH software system, b) ensure integrity and back up of the PASRR/MI data, and c) enter, change and verify data at sites remote from DMH headquarters. The necessary computer hardware and software to meet DMH specifications and requirements will be provided by DMH.

DMH's current hardware specifications include an IBM, Dell or another 100 percent IBM compatible PC, Pentium 4/1.8GHz or higher personal computer with a 60 GIG or larger hard drive, a minimum of 256 MB RAM, a compatible printer, and an internet connection. The current software specifications include Windows 2000, Office 2000, WinZip, Internet Explorer and Norton Anti Virus.

Data transfer will be direct, through a secure Internet Web site. PASRR/MI Level I/II data shall be available for download by the CONTRACTOR during designated transmission periods. Data transfer shall be performed via the Internet using the Secure Socket Layer or other DMH specified and approved encryption standard.

G. QA AND PERFORMANCE IMPROVEMENT

- 1. QI Process:** The CONTRACTOR shall, during the first quarter of the contract, establish a QI Committee to develop and implement a formal process which systematically monitors program performance in relation to explicit standards (including those described in Section H of this IFB), takes corrective action, reevaluates and prepares summary reports and committee minutes to be reviewed by DMH. The QI process shall be documented and updated at least annually in a written QI Evaluation, Program Description and Workplan to be submitted to DMH by the end of the first quarter of the contract. The Workplan should include an orientation and training section outlining the content and implementation schedule of all evaluator training activities proposed for the current year. **The CONTRACTOR's Medical and QA Directors have overall responsibility for the ongoing QI and clinical training process.**
- 2. QI Committee Composition, Meeting Frequency and Functions:**
 - a. Composed of: the Medical Director, Contract Manager and at least one evaluator from each of the four geographic regions described in Attachment IV.1.
 - b. Chaired by the QA Director.
 - c. Meets at least monthly
 - d. Monitors timeliness, quality and data integrity of Level II evaluations, including "Certifier-Evaluator data concurrence".
 - e. Monitors timeliness, quality and consistency of Level II certifications.
 - f. Reviews findings from DMH reports on complaints related to CONTRACTOR's Level II performance in NFs. Monitors DMH directed Plans of Correction for implementation and training of evaluators.
 - g. Reviews summary reports of results and follow-up to Satisfaction Feedback Surveys completed by NF staff.
 - h. Develops, implements and monitors corrective action plans in response to ongoing reviews or specific requests from DMH.
 - i. Reviews/approves written reports of findings, corrective actions and results submitted to DMH on a monthly and quarterly basis submitted in a format to be specified by DMH. (Such reports shall include trended data described below in subsection H, "Performance Standards and Measures".)

3. **QI Committee Minutes:** The QI Committee reports its activities to DMH through submission of signed and dated minutes. The QI Committee is expected to operate under a model of “continuous quality improvement”, and all minutes should document the Committee’s monitoring of the results of prior corrective actions and outcomes of ongoing QI initiatives. Minutes should meet acceptable standards of confidentiality, are due within two (2) weeks of each meeting date, with copies distributed to all Committee members. Copies of finalized minutes shall be sent to all of the CONTRACTOR’s evaluators, and are expected to be submitted as part of the CONTRACTOR’s monthly reports to DMH (see 4. below).
4. **QI Reports:** The CONTRACTOR shall submit reports on a monthly, quarterly and/or as needed basis, as specified by DMH. These reports shall include but not be limited to:
 - a. Progress toward meeting identified performance standards and measures.
 - b. Current list of PASRR/MI evaluators on contract by geographic region and discipline.
 - c. Description of all recruitment and hiring efforts, and the results of such efforts for each geographic region with insufficient evaluator coverage or other related performance problem.
 - d. Updates on orientation and training activities and results from evaluations completed by training participants.
 - e. Number of hours worked by CONTRACTOR staff and explanation of any significant changes or use of overtime.
 - f. Corrective follow-up measures to improve the quality of evaluator assessments, with special emphasis on those evaluators or CONTRACTOR staff whose performance is not meeting DMH program requirements.
 - g. Summary feedback and trended analysis from NFs regarding the impact of the evaluators and the evaluation process on the residents and NF operations.

H. PERFORMANCE STANDARDS AND MEASURES

The CONTRACTOR'S performance related to the contract shall be measured by DMH for administrative and program compliance, reflected in part by timely, current, accurate and comprehensive Level II evaluations statewide. Detailed performance standards specified in this section shall become a part of the contract.

CLINICAL QUALITY STANDARDS

1. Level II Clinical Quality Standards:

The CONTRACTOR shall ensure all evaluators submit Level II evaluations that are complete, accurate, clinically consistent and meet the standards described in Section III.B.1-7, PASRR Level II Process, above, and the following:

- a. Diagnosis is complete and consistent with history and current symptomatology.
- b. Level of care recommendations consider the least restrictive environment that is clinically appropriate and compatible with current medical/nursing and psychiatric needs, behavior and level of function.
- c. Treatment recommendations consistent with diagnosis, cognitive abilities and clinical symptoms.
- d. Evaluator comments explain clinical inconsistencies or unusual circumstances requiring special consideration.
- e. Evaluations meet all applicable laws of ethics and confidentiality.

2. Training and Compensation of Evaluators:

The CONTRACTOR shall ensure the quality and timeliness of all Level II evaluations, by the following:

- a. Providing evaluators a thorough orientation to the purposes of the PASRR process as described in this IFB, the contract, and the Contractor's Manual.
- b. Providing ongoing training to perform the PASRR/MI Level II evaluation and to complete the MH 1733 document consistently and accurately.
- c. Providing prompt corrective action as needed.
- d. Providing incentives, which adequately reimburse evaluators for their time, travel and the quality of their performance.
- e. Communicating additional DMH information or instruction, as requested by DMH.

- 3. Evaluator and Certifier Performance Profiles:** The CONTRACTOR shall systematically monitor and report on evaluator performance and certifier consistency to DMH on at least a quarterly basis. DMH shall provide the CONTRACTOR a format for monitoring and reporting evaluator performance and certifier consistency. Timeliness and quality of Level II assessment data shall be reported for each evaluator, as well as summary performance across all evaluators.

LEVEL II CERTIFICATION STANDARDS

4. Level II Clinical Certification:

- a. The CONTRACTOR shall ensure each evaluator completes item #75 of the PASRR/MI Level II Evaluation (MH 1733) noting evaluation time and round trip mileage, and item #76 noting title (clinical licensure) and date of completion.

- b. The CONTRACTOR shall ensure that the Physical History and Examination Certification (Item #77) for each Level II evaluation is reviewed and signed off by the Medical Director or his designee, a physician approved by DMH.
- c. The CONTRACTOR shall ensure that the PASRR Overall Certification (Item # 78) is reviewed and signed off by either the Medical or QA Director, noting clinical licensure and date certified. If necessary for completeness and accuracy, additional information shall be gathered, and the evaluation shall be modified by the Medical or QA Director, prior to forwarding to DMH.

Should the Medical Director or QA Director perform a Level II evaluation, he/she shall not certify their own work, nor shall the time spent doing evaluations be claimed as hours fulfilling the 1.0 FTE requirement.

5. Level II Certification Concurrence: The CONTRACTOR shall systematically monitor and report the certifying clinician's concurrence with all aspects of the Level II evaluation. This shall include concurrence with:

- a. DSM IV TR multiaxial diagnosis – with emphasis on axis I and III;
- b. Mental status examination;
- c. Physical history;
- d. Physical examination;
- e. Accuracy of the clinical findings and their interpretation;
- f. Clinical findings that reflect the current functional level of the resident;
- g. Treatment recommendations are consistent with other Level II findings and meet the explicit standards reviewed in evaluator training sessions;
- h. Level of care recommendations are consistent with Level II data, findings, and the least restrictive environment in which the individual could receive necessary services, and
- i. Comments (Item #71) are complete and meet the explicit standards reviewed in evaluator training sessions.

6. Consultation and Revision of Level II Data: The CONTRACTOR, in addition to the above, shall ensure that the certifying clinician consults with the evaluator and/or the NF to clarify or revise the Level II evaluation, as needed, before the evaluation is signed off as certified, complete, and computer-entered for transmission to DMH.

Should DMH determine that a completed Level II evaluation lacks information or presents conflicting information, such as above, needed to make a final PASRR determination, DMH will place the evaluation on “hold”, and will inform the CONTRACTOR of the contradictory or missing data. The CONTRACTOR will have three (3) working days in addition to the 7 days for PAS's or 10 days for RR's to provide the revised and/or needed information. If all requested information is not received within these time frames, DMH will assess a late penalty fee until all required missing data are provided, and all information is accurate, current and clinically consistent as described above. At that time, DMH will remove the “hold” status.

KEY PERFORMANCE MEASURES

7. **Service and Clinical Quality Measures:** The following measures will be monitored, trended over time and reviewed by CONTRACTOR's QA Director, QI Committee and DMH staff. Measures remaining out of compliance for two (2) reporting periods require a Plan of Correction, which shall be reviewed and approved by DMH.

SERVICE QUALITY / ACCESS MEASURES	GOAL/THRESHOLD
Complete, certify & transmit to DMH PAS within 7 calendar days of referral.	≥ 90%
Complete, certify & transmit to DMH RR within 10 calendar days of referral.	≥ 90%
Complete, certify & fax hard copy of ER to DMH within 24 hours of referral.	100%
Transmit electronic record of completed/certified ER to DMH within 3 calendar days of referral.	100%
Complete, certify & fax hard copy to DMH within 24 hours any review recommending acute psychiatric treatment.	100%
Transmit electronic record to DMH of completed/certified review recommending acute psychiatric treatment within 3 calendar days of recommendation.	100%
Certify and transmit to DMH Level II results within 1 calendar day of submission by evaluator.	≥ 90%
Maintain credentialed, trained, and active evaluators in all four geographic regions to ensure quality, timely evaluations.	≥ 95%
Maintain required number of work hours by administrative staff.	≥ 95%
Ensure service quality of evaluators as assessed by Satisfaction Feedback Surveys of NF staff.	≥ 90% overall satisfaction score

CLINICAL QUALITY MEASURES	GOAL/THRESHOLD
Level II Evaluation is complete, as assessed by DMH record audit.	≥ 90% compliance score
DSM Diagnosis is complete including Axis I, Axis II, and Axis III consistent with current clinical symptoms and medical/psychiatric history.	≥ 90% consistency rate
Comments in Additional Information/Clarification of Clinical Inconsistencies/Differential Diagnosis (item 71): a) are relevant to current clinical symptoms, diagnosis and treatment recommendations; b) not redundant with clinical data already presented; c) explain any apparent inconsistency in the Level II record; d) contain reason for admission to NF, differential diagnosis, rationale for treatment and level of care recommended.	≥ 90% compliance score
Treatment Recommendations (item 73) are consistent with diagnosis, severity of symptoms and current level of functioning.	≥ 90% consistency rate
Level of Care/Placement Recommendation (item 74) is consistent with diagnosis, severity of symptoms, psychosocial assessment, current functioning, in the least restrictive environment.	≥ 90% consistency rate
CONTRACTOR shall engage no evaluator who has not been trained, and who has not passed credential and initial evaluation review by DMH.	100% compliance
CONTRACTOR shall provide reliable and consistent Level II evaluations, as measured by Inter-Certifier agreement. *	≥ 90% data concurrence

* see subsection 5 above, Level II Certification Concurrence, for items used in calculating data concurrence score.

DMH REVIEW OF CONTRACTOR PERFORMANCE

8. **Contractor Performance Content Areas Reviewed By DMH:** DMH shall review and monitor the CONTRACTOR's compliance to program requirements through but not limited to:
 - a. Review and approval of all staff and evaluators.
 - b. Ongoing review of competency and retention of evaluators.
 - c. Recruitment and maintenance of the required numbers for and distribution of evaluators and administrative personnel to meet contract requirements.
 - d. Review of CONTRACTOR monthly and quarterly QI reports and Key Performance Measures.
 - e. Onsite reviews of CONTRACTOR procedures and operations.
 - f. Review of CONTRACTOR's written policies and procedures.
 - g. Periodic audits of Level II evaluations and certifications for quality and consistency.
 - h. Telephone and face-to-face meetings with CONTRACTOR.
9. **Review Schedule:** DMH will review and evaluate the CONTRACTOR's performance on at least an annual basis to determine compliance with the performance standards identified above.
10. **Penalty:** Failure by the CONTRACTOR to meet DMH performance standards will result in appropriate corrective actions, sanctions and/or cancellation of the contract.

SECTION IV

BID AND BUDGET FORMAT

This project is funded from Federal Financial Participation funds (75 percent) and State General Funds (25 percent).

The maximum term of this contract is July 1, 2003 to June 30, 2004. However, the contract will not commence until final approval is received by the California Department of General Services. This contract is for FY 2003-04, however, regardless of the actual start date this contract terminates on June 30, 2004.

DMH requests that each bidder submit their lowest bid for each of the items listed:

- 1. Bid Form, a total bid for the 12 months of the contract.**
- 2. Budget Format Form and Sample Detailed Budget Form (Attachments No. IV.7 [a - c]). An all inclusive bid for the contract is divided into three separate parts:**
 - a. PASRR/MI Negotiated Evaluation Costs**
 - b. Personnel and Operational Costs**
 - c. Management Information System Costs**

A. PASRR/MI NEGOTIATED EVALUATIONS COSTS

DMH is prepared to reimburse the CONTRACTOR for PASRR/MI Level II evaluations, as outlined below. Reimbursement ranges are based on ten years of analysis and experience with the PASRR evaluation process.

- 1. Complete:** Complete PASRR Level II evaluations (completion of all elements of the MH 1733 document) including travel. Complete evaluations shall be reimbursed to the CONTRACTOR at the rate of \$195.00 to \$235.00 per evaluation. Complete evaluations are those that require a physical examination.

Partial: Partial PASRR Level II evaluations are evaluations where physical examinations are not required because one has been performed within the past 90 days. Partial evaluations shall be reimbursed to the CONTRACTOR at the rate of \$170.00 to \$210.00 per evaluation (travel included).

To ensure the hiring and retention of an adequate number of competent evaluators to meet contract requirements, the CONTRACTOR shall provide reimbursement for the completion of Level II evaluations which is:

- a) Competitive with community standards and rates, and
- b) Which takes into consideration any special circumstances; such as the geographic location, the time constraints, or other factors, such as translation, involved in completing any particular evaluation.

2. **Suspend**: Suspend PASRR Level II evaluations are evaluations that have been scheduled and the evaluator has traveled to the facility to perform the assessment, but which could not be completed for any of a number of reasons; such as, the resident refused to cooperate, the resident is on a home visit, the resident is mute, delirious, severely demented or otherwise unable to participate in the evaluation. Such suspended evaluations are reimbursed to the CONTRACTOR at a rate of not less than \$85.00 and not to exceed \$105.00 per evaluation (travel included).

Suspended Level II evaluations will only be reimbursed if the CONTRACTOR transmits the referral back to DMH within seven calendar days (excluding holidays) for PASs and within ten (10) calendar days (excluding holidays) for RRs, with the required fields completed on the MH 1733.

3. **Attempt**: Attempted PASRR Level II referrals are referrals made to the CONTRACTOR wherein the CONTRACTOR, following a telephone contact with the facility to ascertain the resident's current residence in the facility and his/her ability to participate in the evaluation, determines that the resident no longer resides in that facility. Such attempted referrals are reimbursed to the CONTRACTOR at a rate of not less than \$25.00 and not to exceed \$45.00 per referral.

Attempted Level II evaluations will only be reimbursed if the CONTRACTOR transmits the referral back to DMH within seven calendar days (excluding holidays) for PASs and within ten (10) calendar days (excluding holidays) for RRs, with the required fields completed on the MH 1733.

4. **Premium/ER Evaluation Cost**: DMH designated areas within the state wherein the CONTRACTOR shall be reimbursed an additional amount because of remoteness, difficulty in access and scarcity of evaluators (see Attachment No. IV.2).

Emergency reviews are reimbursed as premium evaluations because of the timeframe requirements.

The premium evaluation cost may not be less than \$55.00 nor may it exceed \$75.00 per evaluation, which is in addition to the negotiated rate for each Complete, Partial, or Suspended Level II evaluation.

The CONTRACTOR shall utilize the premium rate to serve as an incentive for evaluators to perform Level II evaluations in remote areas, areas difficult to access, in parts of the state where there are a scarcity of evaluators or for a single evaluation in an isolated or distant location.

When premium counties are visited for multiple evaluations, the premium rate can be charged at one premium per eight evaluations performed at the same facility on the same day.

5. **Reimbursement for Completed Level II Evaluations**: A PASRR/MI Level II, complete, partial or suspend is considered for reimbursement if:

- a. The Level II evaluation has been assigned a DMH ID number and referred by DMH.
- b. All required Level II evaluation data has been recorded on the MH 1733 and certified by the appropriate State licensed clinical professional(s).
- c. The evaluator records the completion of the PASRR Level II evaluation on DHS 6170 or DMH 1773, in the resident's chart at the facility visited.
- d. The Level II evaluation has been key entered, verified and electronically transmitted to DMH.
- e. The Level II evaluation meets the quality program service requirements and standards as stipulated in the contract.
- f. The Level II evaluation is reviewed by DMH and found to be complete, accurate, clinically consistent and meets the standards in Section III, B., 1-7, PASRR Level II Process, and the following:
 - i) All required items of the MH 1733 are completed.
 - ii) The diagnosis(es) is consistent with the resident's history and current symptomatology.
 - iii) The level of care is compatible with the resident's medical/nursing needs, psychiatric needs, behavior and level of function.
 - iv) The treatment recommendations are consistent with the diagnosis, cognitive abilities and clinical symptoms.
 - v) The evaluator's comments explain any clinical inconsistencies or unusual circumstances which require special consideration.

Reimbursement will be withheld for Level II evaluations until all required missing data are provided and information is accurate, current and clinically consistent as described above.

B. PENALTIES

1. **Fee Reduction:** Failure to meet the turnaround times for PASs, RRs and ERs will result in a fee reduction. The fee will be reduced at the rate of one percent (1%) of the negotiated cost (including complete, partial, and premium evaluation costs) for each day beyond the specified turnaround time, and will be applied at the time of the monthly reimbursement.
2. **Fiscal Penalties:** Should DMH determine that a completed Level II evaluation does not meet the criteria noted above, DMH will inform the CONTRACTOR of the contradictory or missing data, and the evaluation will be placed on "HOLD". Reimbursement for a Level II evaluation placed on "HOLD" will be withheld until the "HOLD" status is released.

The CONTRACTOR will have three (3) working days in addition to the 7 day PAS or 10 day RR timeframes without penalty to provide the requested information. Should the information not be made available within these timeframes, the CONTRACTOR shall incur a penalty of one percent (1%) per day until the information is provided, at which time the DMH clinician can make a disposition and release the “HOLD”.

C. PERSONNEL AND OPERATIONAL COSTS

Detailed Budget: The CONTRACTOR is required to submit a detailed budget **corresponding** to the Sample Detailed Budget Form (see Attachment No. IV.7). The detailed budget must include:

1. Personnel Services

- a. Personnel: List staff (exclude evaluators), full-time, part-time, job title/classification, and wages,
- b. Benefits: Workmen's compensation and benefits.

2. Operating Expenses

- a. Travel:
 - i) Six (6) round trips during the year for three (3) persons to and from Sacramento, or to and from the video-conference site,
 - ii) Chart retrieval for the Medicaid fair hearing process,
 - iii) Other business related travel within California; i.e., training, QI activities, etc. (exclude travel related to performance of Level II evaluations). Reimbursement for travel shall be in accordance with Department of Personnel Administration rules and regulations and will require submission of receipts.
- b. Training: All expenses related to preparation and setup of training. Such costs shall include funding to reimburse evaluators for attending training sessions. (Do not include the premium costs for new evaluator's first three evaluations.)
- c. MIS: Maintenance and service costs for MIS equipment must be included in the calculation of operating expenses. **(Expenses to establish, replace or enhance the MIS are included in the pre-established amount of \$30,000. This amount is identified below under MIS costs. Do not include these costs under operating expenses.)**
- d. The subtotal for personnel and operating expenses must be included on the Budget Format Form and **must not exceed \$600,000.**

D. MANAGEMENT INFORMATION SYSTEM (MIS) COSTS

DMH has allocated a total of \$30,000 for initial, replacement, and enhancement costs associated with MIS. All MIS equipment will be procured by CONTRACTOR purchase agreements. The maintenance of the MIS equipment is the responsibility of the CONTRACTOR. The CONTRACTOR will only be reimbursed for DMH approved expenditures. The above amount is automatically factored into the bid price.

E. REIMBURSEMENT

The CONTRACTOR will submit the following monthly in arrears:

1. **Negotiated Evaluations:** An itemized invoice for negotiated evaluation costs using DMH software in accordance with the contract.
2. **Personnel and Operating Costs:** An itemized invoice for personnel and operating costs. Monthly reimbursements shall be based on actual expenditures substantiated with receipts in accordance with the contract.
3. **MIS Costs:** An itemized invoice for MIS costs based on authorized DMH expenditures and in accordance with the contract. Reimbursements shall be based on actual expenditures substantiated with receipts in accordance with the contract.

Reimbursement for negotiated evaluations, personnel and operating expenses, and MIS expenses, will be made to the CONTRACTOR only and not to the CONTRACTOR's financial lender or bank.

PREMIUM PASRR LEVEL II EVALUATION AREAS/FACILITIES

The following remote geographic areas/facilities have been designated for premium evaluation costs:

- Alpine County
- Del Norte County
- Glenn County
- Imperial County
- Inyo County
- Lake County
- Lassen County
- Modoc County
- Mono County
- Nevada County
- Plumas County
- Nursing Facility in Riverside County:
 - Blythe Nursing Care Center, Blythe
- San Bernardino County - City of Needles Only
- Shasta County
- Sierra County
- Siskiyou County
- Tehama County
- Trinity County

When premium counties are visited for multiple evaluations, the premium rate can be charged at one premium per eight evaluations performed at the same facility on the same day.

**PASRR/MI LEVEL II EVALUATION – DOCUMENTATION OF COMPLETION
MEDI-CAL RESIDENT**

1. CONTRACTOR: _____
2. EVALUATOR: _____
3. FACILITY: _____
4. RESIDENT LAST NAME: _____
5. RESIDENT FIRST NAME: _____
6. DATE OF BIRTH: _____
7. MEDI-CAL ID NUMBER: _____
8. LEVEL I COMPLETION DATE: _____
9. LEVEL II COMPLETION DATE: _____

Nursing Facility Administrator:

A contract mental health evaluator for the Department of Mental Health (DMH) has completed a PASRR/MI Level II evaluation on the above named resident. DMH requires that all evaluators complete Section X of the Level I form (DHS 6170: PAS/PASARR Screening Document) upon completion of the PASRR Level II evaluation. Since the evaluator could not locate the Level I form in the resident's chart, DMH requested that this form be included in the resident's chart to document completion of the PASRR/MI Level II evaluation.

CONFIDENTIAL CLIENT/RESIDENT INFORMATION
See W & I Code Section 5328

See reverse for Non-Medi-Cal resident

**PASRR/MI LEVEL II EVALUATION – DOCUMENTATION OF COMPLETION
NON-MEDI-CAL RESIDENT**

1. CONTRACTOR: _____
2. EVALUATOR: _____
3. FACILITY: _____
4. RESIDENT LAST NAME: _____
5. RESIDENT FIRST NAME: _____
6. DATE OF BIRTH: _____
7. SOCIAL SECURITY NUMBER: _____
8. LEVEL I COMPLETION DATE: _____
9. LEVEL II COMPLETION DATE: _____

Nursing Facility Administrator:

A contract mental health evaluator for the Department of Mental Health (DMH) has completed a PASRR/MI Level II evaluation on the above named resident. DMH requires that all evaluators complete Section X of the Level I form (DHS 6170: PAS/PASARR Screening Document) upon completion of the PASRR Level II evaluation. Since the evaluator could not locate the Level I form in the resident's chart, DMH requested that this form be included in the resident's chart to document completion of the PASRR/MI Level II evaluation.

CONFIDENTIAL CLIENT/RESIDENT INFORMATION
See W & I Code Section 5328

See reverse for Medi-Cal resident

STATE OF CALIFORNIA DEPARTMENT OF MENTAL HEALTH

BID FORM

CONTRACT: 03-73009-000

Due: June 4, 2003**3:00 PM****PREADMISSION SCREENING AND RESIDENT REVIEW/MENTAL ILLNESS (PASRR/MI)
LEVEL II EVALUATION PROCESS**

The undersigned bidder hereby proposes to provide the services specified in:

Std. 213	-	Contract Face Sheet
Exhibit A	-	Program Narrative (Scope of Work)
Exhibit B	-	Budget Detail and Payment Provisions
Exhibit B-1	-	Budget Detail
Exhibit C	-	General Terms and Conditions
Exhibit D	-	Special Terms and Conditions
Exhibit E	-	Additional Provisions – (HIPAA)

It is understood that the contract will consist of the Face Sheet and above referenced exhibits. Exhibit "A" of the contract is to be developed based on Contractor's bid as well as departmental requirements. Samples of the Face Sheet, EXHIBITS "B" "D" and "E" are attached to this IFB and are solely for your information.

It is understood that while no substantive changes in the sample contract documents are expected to occur in the period between the bidding process and the signing of the contract, non-substantive technical changes resulting from operation of law may occur.

Awards made pursuant to this IFB will be for Fiscal Year 2003-04 contingent upon the Legislature appropriating sufficient funds in the Budget Act for the fiscal year and upon satisfactory completion of the terms and conditions specified in EXHIBIT "A".

Service Period: (FY 2003-04) 07/01/2003 to 06/30/2004

FY 2003-04: Pursuant to the attached provisions of this project, our all inclusive bid including negotiated evaluations, personnel and operation costs, and MIS costs is \$ _____. **(12 months)**

Authorized Signature_____
Date_____
Type or Print Signer's Name and Title_____
Name and Address of Organization (Individual)_____
Federal Identification #/Social Security #_____
Telephone Number of Organization

BUDGET FORMAT

CONTRACT NUMBER: 03-73009-000

PASRR/MI LEVEL II EVALUATION PROCESSJuly 1, 2003 – June 30, 2004**NEGOTIATED EVALUATION COSTS**

	Estimated Evaluations	\$ Per Evaluation	\$ Total
1. <u>Complete</u> PASRR Level II Evaluations including travel at the rate of \$195 to \$235 <u>per evaluation</u> .	<u>1,212</u>	<u>\$</u>	<u>\$</u>
2. <u>Partial</u> PASRR Level II Evaluations including travel at the rate of \$170 to \$210 <u>per evaluation</u> .	<u>2,474</u>	<u>\$</u>	<u>\$</u>
3. <u>Suspend</u> PASRR Level II Evaluations including travel at the rate of \$85 to \$105 <u>per evaluation</u> .	<u>303</u>	<u>\$</u>	<u>\$</u>
<u>TOTAL ESTIMATED EVALUATIONS</u>	<u>3,989</u>		

4. <u>Attempt</u> PASRR Level II Evaluations (residents who have been referred by DMH but who may no longer be in a facility or are found to have documented dementia) at the rate of \$25 to \$45 <u>per evaluation</u> . (Travel excluded.)	<u>1,060</u>	<u>\$</u>	<u>\$</u>
5. <u>Premium</u> PASRR Level II evaluations (remote geographic areas) at the rate of \$55 to \$75 <u>per evaluation</u> . This is in addition to the above negotiated rates.	<u>45</u>	<u>\$</u>	<u>\$</u>

TOTAL NEGOTIATED EVALUATION COSTS:\$**PERSONNEL AND OPERATION COSTS**

1. Personnel Services	<u>\$</u>	<u>\$</u>
2. Operating Expenses	<u>\$</u>	<u>\$</u>

**TOTAL PERSONNEL AND OPERATION COSTS:
(Not to exceed \$600,000.00)**\$**TOTAL MANAGEMENT INFORMATION SYSTEM
COSTS**\$ 30,000.00**BID TOTAL FOR FY 2003-04**\$

PERSONNEL AND OPERATION COSTS BUDGET

CONTRACT NUMBER 03-73009-000

PASRR/MI LEVEL II EVALUATION PROCESS

July 1, 2003 – June 30, 2004

PERSONNEL SERVICES

List Staff (Excluding Evaluators)	FTE	Monthly Salary Range	\$ Amount
1. <u>Contract Manager</u>	<u>1.0</u>	<u>\$</u>	<u>\$</u>
2. <u>Medical Director</u>	<u>1.0</u>	<u>\$</u>	<u>\$</u>
3. <u>Quality Improvement Director</u>	<u>1.0</u>	<u>\$</u>	<u>\$</u>
4. <u>Office Manager</u>	<u>1.0</u>	<u>\$</u>	<u>\$</u>
5. <u>Programmer</u>	<u>0.25</u>	<u>\$</u>	<u>\$</u>
6. <u>Case Coordinator/Key Data Entry</u>	<u>3.0</u>	<u>\$</u>	<u>\$</u>
Subtotal : Salaries and Wages		<u>\$</u>	<u>\$</u>
Benefits		<u>\$</u>	<u>\$</u>
SUBTOTAL PERSONNEL SERVICES:	<u>7.25</u>	<u>\$</u>	<u>\$</u>

OPERATING EXPENSES

1. Office Rental	<u>\$</u>	<u>\$</u>
2. Office Supplies	<u>\$</u>	<u>\$</u>
3. Equipment	<u>\$</u>	<u>\$</u>
4. Telephone	<u>\$</u>	<u>\$</u>
5. Printing	<u>\$</u>	<u>\$</u>
6. Postage	<u>\$</u>	<u>\$</u>
7. Staff Training	<u>\$</u>	<u>\$</u>
8. Travel (Excluding Evaluation Travel)	<u>\$</u>	<u>\$</u>
9. Accounting/Legal	<u>\$</u>	<u>\$</u>
10. Consultants/Subcontractors (Excluding Evaluators)	<u>\$</u>	<u>\$</u>
11. Other (Specify) : Insurance	<u>\$</u>	<u>\$</u>
Repairs	<u>\$</u>	<u>\$</u>
Tax/License	<u>\$</u>	<u>\$</u>
SUBTOTAL OPERATING EXPENSES:	<u>\$</u>	<u>\$</u>
TOTAL PERSONNEL/OPERATING COSTS:	<u>\$</u>	<u>\$</u>